

# The Mountaintop Camp

## May 29-31, 2010

### Camper Registration (ages 8-19)

www.mountaintopcamp.org

OFFICE USE ONLY

Date Rec'd \_\_\_\_\_

**U** Tuition Paid

Deadline for Registration is May 1, 2010 NO  
Applications can be accepted after this date.

EARLY BIRD Registration ends December 31, 2009

#### Applicant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ (Circle): Male / Female  
City \_\_\_\_\_ Birthday (Month/Day/Year) \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Parent/guardian name(s): \_\_\_\_\_ Work/Cell Phone ( ) \_\_\_\_\_  
Camper E-mail Address: \_\_\_\_\_ Grade Level Fall 2009 \_\_\_\_\_  
Parent E-mail Address: \_\_\_\_\_  
Have you attended The Mountaintop before? (Circle): YES / NO Year(s): \_\_\_\_\_  
First time campers, how did you hear about The Mountaintop? (check all that apply)  
 Internet search  brochure  camp video  friend  church (name of church or friend) \_\_\_\_\_  
Roommate request \_\_\_\_\_  
T-shirt Size (Circle): Child Sm. Child Med. Child Large S (34-36) M (38-40) L (42-44) XL (46-48) XXL (Over 48)

**Tuition Payment** (Camp tuition includes food, lodging and camp shirts issued at camp. Each individual is responsible for the expense of all transportation to and from Camp.)

THE MOUNTAINTOP Camper: \$100.00

**EARLY BIRD December 31, 2009: \$80.00**

**\*\*If you would like to participate in the Camp Challenge Course (Climbing Wall, Ropes Course) add \$20 to the tuition. The Challenge Course is optional for each camper. You must sign up in advance to participate in the Challenge Course. The course will have professional, supervised staff.**

**TUITION:**

\$ \_\_\_\_\_

TOTAL TUITION OWED: \_\_\_\_\_

\$ \_\_\_\_\_

Checks and money orders made payable to **The Mountaintop** will be accepted. Please include payment with registration form.

**Why would you like to be a camper at The Mountaintop? (To be completed by camper)**

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**Parental Consent and Photo Release**

Does the applicant have a condition that limits or prohibits applicant's physical activity? (Circle): **YES / NO** If yes, please explain below. If no response is given, The Mountaintop will assume that applicant can and will engage in all camp-related activities.

**For parents/guardians of minor applicants (those 17 years of age and younger):** I hereby give The Mountaintop permission to have my child participate in all activities at The Mountaintop Camp, unless specifically limited above. I give permission for my child to be transported off the camp property to camp-related activities.

**For the applicant:** The Mountaintop may use any photos and videotapes taken of the applicant at any camp event in their publications or those of their sponsor, Generations Ministries.

x	_____	x	_____	x	_____
Parent/guardian's signature	Date	Parent/guardian's signature	Date	Applicant's signature	Date
(Required, if applicant under 18)		(Additional signature, if available)			

**Registration Process**

SPACE AVAILABILITY: Spaces will be filled as non-refundable tuition payments are received on a first-come, first-served basis

APPLICATION CHECKLIST:

- Fill out registration form completely**
- Obtain parental/guardian signature (if under 18)**
- Attach payment (make checks payable to: The Mountaintop)**
- Mail the registration to the following address:**

**Helen Garrett  
The Mountaintop  
1120 South Avenue, D-3  
Forest Park, GA 30297**

E-mail: [anthony@mountaintopcamp.org](mailto:anthony@mountaintopcamp.org) or [eandrews1962@yahoo.com](mailto:eandrews1962@yahoo.com)

**[www.mountaintopcamp.org](http://www.mountaintopcamp.org)**

(The Mountaintop is located in Temple, GA – 40 miles west of downtown Atlanta)

## Parental permission form

When a Generations Ministries event involves one or more overnight stays, all staff members and participants who are under age 18 must submit a signed and dated copy of the following parental permission form prior to or at the start of the event. It is recommended that the wording of this form with the signature box included be incorporated into the event application.

As parent/guardian, I hereby give my permission for \_\_\_\_\_,  
(full name of child)

who will be age \_\_\_\_ on the day the event begins, to participate in the \_\_\_\_\_,  
(name of event)

which is to be held on 5/29/2010 to 5/31/2010. With my dated signature in the box below, I grant this permission and certify the statements and information provided in items 1 through 7 that appear below above my signature.

1. **GENERAL PERMISSION:** I understand and agree that this event is sponsored by Generations Ministries of the Worldwide Church of God, and depending upon circumstances, and without limitation, may involve both:  
(a) physical/athletic activities such as sports, hiking, camping, arts & crafts and,  
(b) spiritual or religious activities, such as Christian living or education classes, religious worship services, and the like. I give my permission for my child to engage in all such activities.

2. **ACCEPTANCE OF EVENT CONDITIONS:** I understand and agree to the condition of the event venue as described in the information provided. I give permission for my child to participate under these conditions.

3. **DISCLOSURE OF SPECIAL HEALTH CONDITIONS:** The following is a list of my child's special health conditions and needs of which event staff need to be aware (list here such things as medications, history of seizures, motion sickness, allergies, etc.—use back side of this sheet if needed): \_\_\_\_\_

4. **RELEASE OF LIABILITY REGARDING SPECIAL HEALTH CONDITIONS:** I submit that the above mentioned special health conditions and instructions are needed for my child while at the event. I understand that, although event personnel will seek to help accommodate these special conditions, such as by giving medications and/or by seeking to take appropriate precautions, etc., nonetheless, by sending my child to the event with these special health conditions:

- I acknowledge that I understand the event is not equipped to monitor or supervise such special conditions or needs as would the parent if he/she were present.
- I certify it is safe for my child to participate in all event activities notwithstanding the special conditions, and notwithstanding any possible lapse in medication, or possible interaction with other people or circumstances that may affect the special conditions.
- I release and indemnify the event from all claims and liability stemming from the special conditions, including, without limitation, any claim, illness, or injury, resulting from the event's failure to properly administer medicines for the special conditions, failure to recognize a situation which might be potentially harmful to a person with the special conditions, or failure to recognize the onset of an episode of the special conditions.

5. **PERMISSION TO SECURE EMERGENCY SERVICES:** I give permission to event staff to secure usual and customary medical and/or legal services for my child if needed in an emergency circumstance at the event. I as parent/guardian will be responsible for the costs of such services if not covered by my insurance.

6. **INSURANCE COVERAGE:** My child is covered by medical insurance:      YES      NO  
If yes, list the name of the insurance company: \_\_\_\_\_ and the policy number: \_\_\_\_\_.

I understand that if my child has no health/accident/medical insurance coverage, I will be responsible for the payment of all expenses which may be incurred due to treatment at the event of an illness or injury.

7. **EMERGENCY CONTACTS:** During the event, I may be contacted day or night, as follows:

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(name) (night phone number) (day phone number)

If I can not be reached in an emergency, the following two individuals will know of my whereabouts and/or have my permission to represent my wishes regarding medical or other emergency care for my child:

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(name) (night phone number) (day phone number)

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(name) (night phone number) (day phone number)

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(signature of parent or legal guardian)